

***Affidavit must be completed by a court appointed representative of the Estate.**

Closed Estate Affidavit

STATE OF _____)
SS:
COUNTY OF _____)

Comes now _____ (insert your name(s)) being first duly sworn upon
(his/her) _____ oath, affirms and says:

1. That _____ (he/she) was the personal representative(s) or executor(s) of the now closed estate of
_____ (insert name of deceased owner);
2. That _____ (he/she) will claim unclaimed property on behalf of the now closed estate of
_____ (insert name of deceased owner);
3. That _____ (he/she) will properly distribute any funds, claimed from the Indiana Office of Attorney General
Unclaimed Property Division, to the appropriate heirs.

FURTHER AFFIANT SAITH NOT.

Printed Name(s)

*Signature(s)

Date

*This form must be signed & notarized to be valid.

STATE OF _____)
SS:
COUNTY OF _____)

Subscribed and sworn to before me, a Notary Public in and for said County and State this ____ day
of _____, 20____.

Notary Public

My Commission Expires: _____ County of Residence: _____